12.06 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Situation arising out of increasing incidents of female foeticide resulting in fall in sex ratio adverse to females in the country and steps taken by the Government in regard thereto

MR. SPEAKER: Shri Thawar Chand Gehlot - not present; Shri Gurudas Dasgupta

. (*Interruptions*)

SHRI GURUDAS DASGUPTA (PANSKURA): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

> "Situation arising out of increasing incidents of female foeticide resulting in fall in sex ratio adverse to females in the country and steps taken by the Government in regard thereto. "

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): Sir, declining trend in sex ratio has been a matter of concern for all in the country. Sex ratio in India has declined over the century from 972 in 1901 to 927 in 1991. The sex ratio has since gone up to 933 in 2001. In contrast the child sex ratio for the age group of 0-6 years in 2001 is 927 girls per thousand boys against 945 recorded in 1991 Census. The encouraging trend in the sex ratio during 1991-2001 was marred by the decline of 18 points in the sex ratio of children aged between six years or below as per Annexure-I laid on the Table of the House*.

Some of the reasons put forward for this decline are son preference, dowry, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, male bias in-enumeration of population etc.

(Placed in Library. See No. LT 2043/05)

In order to check female foeticide, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was brought into operation from 1st January, 1996. The Pre-Natal Diagnostic Techniques Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003. The Act prohibits determination and disclosure of the sex of the foetus. Under the Act, use of Pre-natal Diagnostic Techniques and genetic counselling is permissible for detection of certain genetic abnormalities. The violation of the Act is punishable with imprisonment up to five years and fine up to Rs. 1.00 lakh apart from cancellation of registration and license.

As per the reports received from the States and Uts, 26,199 bodies using ultrasound, image scanners etc. have been registered under the Act. As on 31.3.2005, there are 303 ongoing cases in the Courts/Police Stations for various violations of the law. Thirty-three ultrasound machines are also sealed and seized on violation of the law as per Annexure-II laid on the Table of the House.

It is, nevertheless, recognised that mere legislation is not enough to deal with this problem that has roots in social behaviour and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and female foeticide through radio, television, and print media units. Workshops and seminars have also been organised through Voluntary Organisations at State/regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from religious leaders, as well as medical fraternity to curb this practice. `Save the Girl Child' Campaign with a view to lessen son preference by highlighting achievements of young girls has been launched. A National Monitoring and Inspection Committee including representative from National Commission for Women, Department of Women and Child Development and NGOs has been constituted to take stock of the ground realities by field visits to the problematic States. At the same time, sensitisation of the Medical Community and Training of the Judiciary for better implementation of the Act is being done. National Surveillance Cell is being constituted to assist the Appropriate Authorities of the

problem States such as Punjab, Haryana, Gujarat and Delhi in identifying the wrongdoers and in apprehending them.

SHRI GURUDAS DASGUPTA: Sir, I do not accept that this is a problem arising out of female foeticide, an aberration of the medical profession. It has a wider social dimension and its roots are very deep-rooted. It needs a thorough social campaign and movement throughout the country to protect the womanhood of our nation. Frankly speaking, hon. Minister has given some statistics, but he has not depicted the dimension of the horror.

Sir, let me tell you that in Haryana, Punjab, Delhi, Gujarat and Maharashtra, the number of women per thousand men is much less than the national average, and in the Capital city of Delhi, the picture is really horrible. It indicates really that how the prosperous, the rich and the so-called cultural families are so unfavourably disposed towards the womanhood. In Hauz Khas in 2001, there were 882 females per thousand males. It has declined to 762 per thousand males in Hauz Khas and Hauz Khas is considered to be a prosperous area of the city. It has come down from 880 to 784 in Model Town. In Defence Colony, it has come down from 891 to 805. This is how the high-profile privileged section of the society is having its attitude towards whole womanhood.

Sir, this Calling Attention should have been addressed to the Prime Minister and not to the Minister of Health and Family Welfare because it is not a simple case of sex determination, abortion and illegality involved. If you permit me, Sir, this is a case of violent hostility towards the womanhood that we see in the Indian society today. Undoubtedly, it is a complex social problem and it is not just an aberration of the medical profession. Of course, it is so, but it is not wholly that. Decline in the number of women does not represent only the arithmetic of number; it reflects the chemistry of the operation of the evil forces and deep prejudice in our country. Let me tell the country and the nation that if this trend is allowed to continue, it will seriously affect the social equilibrium and definitely distort the physiological balance of the society. Parity in number is an essential pre-requisite for the healthy growth of the nation. Anybody in the world will admit that.

Sir, it is a note of caution from a man who feels guilty. As a man, I feel guilty. It is, after all, a male dominated society which we are having all over the world, including India. If a woman is marginalised, if a motherhood is denied its rightful place in the social system, if a nation fails to remedy this disorder and correct the anarchy, surely, the country will slide down the path of doom today, tomorrow or day after. Therefore, it is not a question of Government alone and it is not a question of enacting law. It is a question, Sir, I respectfully submit, of a social revolution against the violent atrocity that is being committed in our country, which ultimately results in the reflection of decline steadily of the number of women per thousand men in the country.

Sir, allow me to give you a few instances, and kindly bear with me in doing so. A women dies before she is born because we know about all that is happening in the country. Secondly, the child mortality, after birth, is very high in India. It is well known that childbirth is taking place with the assistance of untrained nurses in the rural areas. I would like to say that 50 years' of freedom has not been able to ensure this minimum access to healthcare for the women in the country. This is the sad commentary on the political system that we have set-up for the nation. Thirdly, women are more anemic than men. Fourthly, dropout in schools is more for girls. Fifthly, child marriage is rampant. Sixthly, suicide and burning of brides is going on unchecked throughout the country.

SHRI HANNAN MOLLAH (ULUBERIA): The problem of *sati* is also there.

SHRI GURUDAS DASGUPTA : I am coming to that issue also. Illiteracy is higher among the women than among the men. As regards *sati*, I remember that we had discussed this issue when I came to Parliament in 1985 also.

MR. SPEAKER: You have raised very important issues, but we are discussing about women in general.

SHRI GURUDAS DASGUPTA : It was a revulsion. I am ashamed to tell you that even today there was an attempt to commit *sati* in the place known as Rajasthan. I do not attribute the cause of this issue to the political complexion, but politics has something to do with the operation of evil forces in our country.

Sir, women outnumber men in the unorganised sector. Women are given unequal wages in the unorganised sector. Harassment of women is well known by one and all. Even maternity benefit is denied to them. I know hundreds of cases where women have been denied maternity benefit in the private schools. I remember that I had fought for this issue, and we could get it in some of those places. Unfortunately, the law is never enforced, so far as maternity benefit is concerned. Please do not take it as a piece of politicisation, but liberalisation and the liberalised policy has hurt women more than men all over the world, including India.

Retrenchment and lay off has been more in the case of women than in the case of men.

MR. SPEAKER: These are very important issues.

SHRI GURUDAS DASGUPTA : All these factors are synonymous with an absolute medieval attitude towards women. I am ashamed to say that women are looked upon as sex symbols. Commercialisation of women, and sexualisation by the media and advertisement has led to downgrading the status of women in the country. All these contribute to a distorted psyche, which is affecting the whole nation.

MR. SPEAKER: Please ask your question on this issue.

SHRI GURUDAS DASGUPTA : There is degradation of morality. The decline in numbers has been exposed in the census.

MR. SPEAKER: What is your question?

SHRI GURUDAS DASGUPTA : Sir, my question, and my suggestion to the Government; to the country; to the society is this. Appropriate steps must be taken to protect the Indian womanhood throughout the country, and all political parties; all social groups; all NGOs must ensure it through a national consensus.

MR. SPEAKER: The hon. Health Minister cannot respond to it.

SHRI GURUDAS DASGUPTA : It is not for the hon. Health Minister, but it is for the hon. Leader of the House to respond to this issue. I do not know if he is present in the House.

MR. SPEAKER: No, we are now discussing a Calling Attention.

SHRI GURUDAS DASGUPTA : There has to be a national crusade against this medieval attitude towards women. Along with this, there has to be a focussed policy, and this is where the Government comes into the picture.

MR. SPEAKER: What is your question?

SHRI GURUDAS DASGUPTA : I would like the hon. Minister to respond to a few of my questions. Is the Government ready to evolve a focussed policy against female foeticide with more penal actions, etc.? Is the Government ready with elaborate child care programmes?

Is the Government ready to come up with a special employment programme for women? Is the Government ready for bringing forward a legislation to stop violence against women? Is the Government ready to ensure preventing of harassment in the working place? Is the Government ready to give fair wages, reasonable and equal wages to women who are in employment? Is the Government ready to prevent commercialisation of women and sexualisation of media immediately? Last of all, I must conclude saying that women must have a right to live, and it is the State's responsibility to protect women.

MR. SPEAKER: What about the society?

SHRI GURUDAS DASGUPTA : I mean, it is the responsibility of the Government as well as the society; I do not say that it is the responsibility of the Government alone. That is why, I am saying that there is a need for social revolution, social movement, and social awareness. No political party can absolve its responsibility; no social organisation can absolve its responsibility. Maybe, for the first time in 16 years, I find that Parliament is discussing this issue. Therefore, the conscience of every male brother must burn in anger at seeing what is happening to women of our country. It is a shame for the nation, particularly it is a shame for the male chauvinism of the nation.

MR. SPEAKER: Shri Chandra Mani Tripathi - absent; Shri Suresh Chandel - absent; Shri Santosh Gangwar - absent; Dr. Ramchandra Dome, you should only ask a question and you should not make any speech.

DR. RAM CHANDRA DOME (BIRBHUM): I will be very brief in putting my questions. Sir, Shri Dasgupta has elaborately pointed out this complex problem. I

know that this problem does not pertain to the Department of Health and Family Welfare alone because it is a complex problem.

MR. SPEAKER: You are not asking anything about the main subject of the Calling Attention.

DR. RAM CHANDRA DOME : Sir, my question to the hon. Minister is whether the Ministry has any comprehensive account of the actual number of female foeticide committed after the enactment of PNDT Act, and how many accused persons have been actually punished for violation of this Act so far.

MR. SPEAKER: It is a good question.

DR. RAM CHANDRA DOME : The second part of my question is whether the Government has conducted any studies through social scientists on this vexed problem of alteration of sex ratio in our country, and what are the remedial measures they have taken to check this problem.

SHRIMATI D. PURANDESWARI (BAPATLA): Sir, abortions can be legally availed of if any pregnancy carries a high risk of serious physical injury to the woman, if it is going to endanger the mental health of the woman, if it is a result of either a contraceptive failure or rape, or if it were to result in the birth of a child with very serious physical and mental abnormalities. Methods to detect these deformities, like amniocentesis which is basically conducted by testing the amniotic fluids collected from the uterus, and sonography which is done by using ultrasound technique that are basically used to identify deformities in the foetus or the baby to be born -- are also used in sex determination. It is not supposed to be so, but then it is used. We also have the PNDT Act, 1994 which prohibits individual practitioners, clinics and even diagnostic centres from detecting the sex of the baby before the baby is born or even inform the parents about the sex of the baby. They are not supposed to do so.

However, though the Act is in place, there is a serious violation of this Act. The reason can be attributed to the two activities of sex determination and abortion, cannot be linked at the time of availing this service, which is ultrasound. This has become a very lucrative business for some of the diagnostic centres which have mushroomed all over the country. My question to the hon. Minister would be what are the steps taken to control these unregistered clinics? Can he demand for a detailed register about the use of this equipment in authorised clinics is to put help in the reduction of their use in sex detection?

SHRIMATI MINATI SEN (JALPAIGURI): Cases of female foeticide are increasing in high literate States like Maharashtra, Haryana, Punjab, Delhi in which the per capita income is higher. I would like to know from the hon. Minister, through you, whether the Government has observed, or made any survey to find out as to why such incidents are taking place in these States? Secondly, what action or steps are being taken by the Government to ensure proper implementation of the PNDT Act?

MR. SPEAKER: Nobody is talking of education and economic reasons.

SHRI PAWAN KUMAR BANSAL (CHANDIGARH): Sir, if you just permit me, I would tell you what impact this ultrasound has had on the education.

MR. SPEAKER: That is the job of the Minister to inform us. I would not mind you occupying that chair.

SHRI PAWAN KUMAR BANSAL : Just a moment, Sir.

After a teacher had given an elaborate talk on how you determine the sex of a child by the 'x' and 'y' chromosomes, he asked the students a question as to how it is done. The answer was, 'through ultrasound'. That is the impact it has had.

MR. SPEAKER: Therefore, the disease is quite deep.

श्री शैलेन्द्र कुमार (चायल) : अध्यक्ष महोदय, पूरे देश में यह चिन्ता का विषय है कि सामाजिक लिंग विभेद हो रहा है और जैसा अभी हमारी बहनों ने बताया, यह सत्य भी है कि जब महिलाएं गर्भवती होती हैं, वे जांच के लिए डाक्टरों के पास जाती हैं, यह पता करने के लिए कि उनके बच्चे का वजन आदि सही है, बच्चा स्वस्थ है या अस्वस्थ है। उसी समय उन्हें पता लग सकता है कि वह किस लिंग का है। इस प्रकार से पूरे देश में और खासकर शहरों में जो नर्सिंग होम्स हैं, वहां पर इसका व्यापक रूप से प्रचलन हो रहा है। वे पैसा लेकर बता देते हैं कि बच्चा स्वस्थ है या अस्वस्थ है। मैं आपके माध्यम से माननीय मत्री जी से जानना चाहता हूं कि शहरों में ऐसे जो नर्सिंग होम्स हैं, क्या उनकी जांच करवायी गई है? ऐसे जो एरियाज़ हैं, जहां पर ज्यादातर इस प्रकार के मामले पाए गए हैं, उनके ऊपर आप क्या कार्यवाही कर रहे हैं? क्या लिंग भेद खत्म करने के लिए कोई व्यापक कार्ययोजना तैयार की गई है?

MR. SPEAKER: Nobody has suggested how to control this.

श्री शैलेन्द्र कुमार : दूसरी बात मैं यह कहना चाहता हूं कि इसे एक अपराध घोषित किया जाए क्योकि यह अपराध की श्रेणी में आता है।

MR. SPEAKER: Now, the Minister. No more speakers would be allowed.

. (*Interruptions*)

MR. SPEAKER: Every minute is important here.

DR. ANBUMANI RAMADOSS: Sir, firstly I would like to thank the hon. Members, especially Shri Gurudas Dasgupta, for bringing this very important issue to the House.

MR. SPEAKER: The Speaker allowed it.

DR. ANBUMANI RAMADOSS: I thank them, through you, Sir. I would like to thank Shri Dasgupta once again for saying that this is not only a medical or health issue but also a social issue.

The Government is very very concerned over the declining sex ratio in the country. The Chairperson of the UPA Government, Madam Sonia Gandhi, herself is very concerned over the declining sex ratio, over the rights of women, and over the equal, if not more, status for women in the country.

In the 11 months of taking over of office, we are going about at a fast pace to prevent and check this declining sex ratio. There are wider ramifications. It not only involve the Health Ministry and the Government but it also involves the social sections of the society, the masses, all the political leaders and the general population to arrive at a consensus. This social issue has been there in the country throughout the last many centuries and decades. To change this trend, on the one hand, Government is evolving all possible mechanisms and methods to prevent this misuse and on the other hand, Government is going about in a more focussed way to check the rampant misuse of the ultra sound machines, which is one of the causes for the declining sex ratio. Ultra sound machine is one of the best inventions in the medical field. To save hundreds and thousands of lives on a single day, we need more ultra sound machines in the country. We could prevent the maternal mortality rate if there are more ultra sound machines in the country.

What should be done is that these machines should be regulated. These are being regulated through the Preconception and PNDT Act. All the ultra sound machines have to be registered. Not only the machines, but also the clinics and the genetic clinics, which are doing these processes, have to be compulsorily registered with the Government. Periodically, their licenses have to be renewed. We have a Central Supervisory Body, headed by myself. We have

State Supervisory Bodies, headed by the State Health Ministers. We have appropriate authorities in the District and Sub-District level where these machines have to be registered.

Another problem we face is in regard to the procedure of sex determination where both the patients and the doctors are accomplices.

MR. SPEAKER: Not all women!

DR. ANBUMANI RAMADOSS: Regarding this, both are hand in glove. Some women are forced by the families to go into this. But as per law both are the accomplices. It is difficult on the part of the authorities to find out more information of these methods. So, we are going about in this direction. In fact, there is a pilot project. We are trying to have a National Surveillance Group in five States - Punjab, Haryana, Delhi, Gujarat and Himachal Pradesh - where retired senior police officers, above the rank of IG, would be made monitoring agents and sent as a decoy customer to go to these units to try and apprehend the culprits. That does not mean, all the doctors are culprits here. There are only a few black sheep. But what is more intriguing for the Government is the declining sex ratio and its high prevalence in a well to do State. The highest is in Punjab, followed by Chandigarh, Haryana, Delhi, the National Capital, Gujarat and Himachal Pradesh. . (*Interruptions*)

SHRI GURUDAS DASGUPTA : Highest is in Delhi. . (*Interruptions*)

DR. ANBUMANI RAMADOSS: Highest in the country is Punjab.. (*Interruptions*)

MR. SPEAKER: All right. It does not matter.

. (*Interruptions*)

DR. ANBUMANI RAMADOSS: I am stating about the average in a State.

MR. SPEAKER: Then, what is the reason for this?

DR. ANBUMANI RAMADOSS: We have a `Save the Girl Campaign'. We had a brand ambassador, Sania Mirza, Tennis player, a year before. This year, we have Aruna Kesavan, who topped CBSE last year. In fact, through the active participation of the medical fraternity, IMA, and all the bodies, we are conducting a lot of awareness campaigns in the print media, visual media, and tele-serials are being shown. A number of meetings of religious leaders are also taking place, which I had already stated in my answer.

I give an example of Gujarat. The Commissioner of Family Welfare in Gujarat is a very dynamic man. He had taken up an initiative of educating the MLAs. After that, each MLA went to his constituency, called a meeting of all the NGOs and self-help groups and then they had a massive awareness in the whole area. We could see a decline in this in certain districts of Gujarat. This is not only a medical problem, but, as the hon. Member has said, this is also a social problem. We all have to take up leadership and take up the issue to the community, to the society. I urge upon all the hon. Members, through you, to take up this issue in their respective constituencies and have a massive awareness campaign. I am sure, if the Members take up this issue, there will a drastic reduction in the sex ratio.. (*Interruptions*)

SHRI GURUDAS DASGUPTA : Mr. Minister, will you, as a Minister of Health, take the lead to persuade the Government to formulate a proper women policy so that this national disaster is nearly averted? That is the real question. It is a basic social problem.. (*Interruptions*)

MR. SPEAKER: You have made your point earlier. This is not a method of speaking during the discussion on Calling Attention.

. (*Interruptions*)

SHRI GURUDAS DASGUPTA : Will he take a lead in persuading the Government? That is the point. . (*Interruptions*)

MR. SPEAKER: I would like to know how have you implemented the law. How many cases have been filed? How many prosecutions have taken place? Mere good wishes would not do.

. (*Interruptions*)

DR. ANBUMANI RAMADOSS: There are about 26,199 ultrasound units in the country. There are 303 on-going cases and about 33 ultrasound machines have been seized. 218 cases have been disposed of and most of the cases are being booked for non-registration. This is a minor offence. There are only 24 cases booked for pre-determination of sex. Cases are still going on.

MR. SPEAKER: Law is only in the statute book.

DR. ANBUMANI RAMADOSS: Yes, Sir. We have a penal provision of imposing five years imprisonment and a fine of Rs.1,00,000 followed by cancellation of licence of the doctors. . (*Interruptions*)

SHRI GURUDAS DASGUPTA : What about women's policy?

MR. SPEAKER: He is not a competent man to reply to this.

. (*Interruptions*)

DR. ANBUMANI RAMADOSS: Now, I come to the query raised by the hon. Member about infant mortality rate. . (*Interruptions*)

MR. SPEAKER: That is a different thing. What are you going to do to stop this? That is the question.

. (*Interruptions*)

DR. ANBUMANI RAMADOSS: We have the commitment. Like I said, the UPA Chairman herself being a woman, is leading this crusade against this. The Prime Minister is there. Everybody has said that this is a very serious issue. We are very much concerned about this. . (*Interruptions*)

MR. SPEAKER: Everything is left to the fate of the women in this country!

. (*Interruptions*)

DR. ANBUMANI RAMADOSS: In the last eight months, I have taken two meetings of the Central Supervisory Board. They have given some suggestions. The Central Supervisory Board consists of representatives from the National Commission for Women and other NGOs. They have given very valuable suggestions as to how we could decrease this trend.

Dr. Dome has asked about the number of persons punished. Unfortunately, not a single person has been punished because of the legal provision. . (*Interruptions*)

श्री रामजीलाल सुमन (फ़िरोज़ाबाद) : अध्यक्ष महोदय, एक भी आदमी को पनिश नहीं किया गया। .(व्यवधान)

अध्यक्ष महोदय : आप बैठ जाइये। You are very much aware that nothing will be recorded this way.

. (*Interruptions*)

श्री रामजीलाल सुमन : मंत्री जी कोई जवाब नहीं देते?

अध्यक्ष महोदय : क्या जवाब देंगे, कैसे देंगे, जब कुछ हुआ ही नहीं, तो वह जवाब क्या देंगे ? The Chair has already expressed its annoyance.

...(व्यवधान)

DR. ANBUMANI RAMADOSS: Like I said, both the patient and the doctors are accomplices. That is why, we are having decoy customers. We are trying to do that. We are trying to increase the penal provision also. . (*Interruptions*)

MR. SPEAKER: It is a very unfortunate situation.

DR. ANBUMANI RAMADOSS: The State authorities have to do it. We do not want to shy away from our responsibility. But the States themselves are the ones who have to implement the law. They are supposed to do it.

Hon. Member Shrimati Purandeswari wanted to know about the number of units registered with amniocentesis and sonography. Today, all the units have to be compulsorily registered whether they do amniocentesis or sonography or genetic testing. All have to be registered.

They all have a formatting pattern, which we give them. Even for full stop, comma, etc., we tell them what to do and how to do it. So, it is very strict formatting. They have to note down every detail, which is as per the laid down procedure.

So, it is our approach and effort to review all these things on a periodic basis.

One hon. Member asked about the steps taken against the proper implementation of the PNDT. As I mentioned, we are going through a lot of procedure. Once again, through you, I would welcome any other valuable suggestions from the hon. Members. We would definitely take these suggestions, and put them into the Act to make it more stringent.

Once again, I would submit that this is not only a medical issue, it is a social issue also, which needs a wider thought and wider consensus among all the political leaders, among the section of society throughout the country.

श्री रामजीलाल सुमन : अध्यक्ष महोदय, मंत्री जी का जवाब बिल्कुल संतोषजनक नहीं है। आप उन्हें निर्देश दीजिए कि होम वर्क ठीक करके आया करें।.(व्यवधान)

MR. SPEAKER: Mr. Ramjilal Suman, I have already said that this is a very unfortunate state of affairs. I asked about the punishment, and he had said that not one had been punished. The matter is serious that it has been allowed a discussion in the Lok Sabha. Even then, the problem remains. It is a cancer in our body, society and in our body politic. Therefore, I hope, the country as a whole will wake up to this serious problem. I am sorry to say that here, nobody talked about improving the educational and economic condition of the women, which has a tremendous bearing on this. Nobody talked of it.

Now, Item No. 8 - Standing Committee on External Affairs. Mr. Nikhil Kumar was not there at that time, when I called his name. Yes, he may lay it now.